FEE TRANSMITTAL				Complete if Known					
				Application Number			10/648,038		
				Filing Dat		Aug	August 26, 2003		
				First Nam	ned Inventor	Ale	Alexander E. Andreev et al.		
				Examine	r Name	Muj	jtaba M. Chaudry	,	
☐ Applicant claims s	mall entity status	s. See 37 CFR	1.27	Art Unit		213	33		
TOTAL AMOUNT OF PAYMENT (\$) 790				Docket Numbe	er 03-	03-0933/L13.12-0240			
METHOD OF PAYMENT (Check all that apply)									
□ Check □ Credit Card □ Money Order □ None □ Other (Please Identify): □ Deposit Account - Deposit Account Number: 12-2252 Deposit Account Name: Westman, Champlin and Kelly For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee □ Charge any additional fee(s) or underpayment of fee(s) ☑ Credit any overpayments under 37 CFR 1.16 and 1.17 Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SI	EARCH, AND EX	XAMINATION I	FEES						
Application Type	FILING FEES	ES EXAMINATION FEES							
	Small Er Fee (\$) Fee (\$		<u>Small E</u> <u>e</u> (\$) <u>Fee</u>	<u>:ntity</u> ∋ (\$)	<u>Fee</u> (\$)	Small Entity Fee (\$)	L		
			_ , , ,				<u>Fee</u>	es Paid (\$)	
Utility Design	300 150 200 100			50 50	200 130	100 65		1000	
Plant	200 100			50	160	80			
Reissue	300 150			50	600	300			
Provisional	200 100			0	0	0			
2. EXCESS CLAIM F Fee Description	FEES						<u>Fee</u>	Small Entity (\$) Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25									
Each independent claim over 3 or, for Reissues, each independent claim more than in							patent 200	100	
Multiple dependent o	claims						360	180	
Total Claims	<u>Ex</u>	tra Claims	Fee (S	<u>\$)</u>	Fee Paid (\$)		<u>Mu</u>	Iltiple Dependent Claims	
20 HP = highest number of tot	- 20 or HP =	0 X	50	=	0		<u>Fee</u>		
Indep. Claims	, ,	tra Claims	Fee (S	\$)	Fee Paid (\$)				
	- 3 or HP =	1 x		_	200				
HP = highest number of inc		-			200				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra She	<u>eets</u> <u>N</u> i	umber of e	ach additi	ional 50 or fra	ction therec	of <u>Fee (\$)</u>	Fee Paid (\$)	
35	- 100 = 0	/ 50 =	0	(roun	d up to a whol	e number) x	< <u>250</u>	= <u>0</u>	
4. OTHER FEE(S) Fee(s) Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount) Other: RCE Fee 790									
SUBMITTED BY									
Signature	/David D. Brush	h/			Registra (Attorne	ution No. y/Agent)	34,557	Telephone: 612-334-3222	
Name (Print/Type)	David D. Brush							Date: 5/24/07	